



SIYAC YOUTH MEMBER DESCRIPTION

SIYAC is a youth advisory council that operates under the umbrella of the Iowa Collaboration for Youth Development (ICYD). The State of Iowa Youth Advisory Council consists of no more than 21 members representing Iowa's youth. SIYAC members chosen to serve will reflect the positive differences in our state and among its young people. Any youth between the ages of 14 and 20 during the 2010-2011 school year is encouraged to apply. If you are interested in having an opportunity to share your opinions with those individuals who can affect change in this state, please fill out an application and return it to SIYAC Coordinator, Annelise Plooster. Please visit icyd.iowa.gov/SIYAC for more information.

Expectations

- Youth will serve two year, staggered terms. Youth who are in good standing with the committee may seek to reapply for consecutive years. Graduating seniors may choose to resign from their post or continue serving on SIYAC given they are able to fulfill SIYAC duties.
- Youth will be expected to attend all quarterly SIYAC meetings and if possible, the SIYAC retreat/joint youth trainings. If absences occur, membership will be evaluated by the executive committee based on the members' contribution to SIYAC.
- Mileage and meal reimbursement will be provided for members attending SIYAC events. Meetings have typically been held in Des Moines.
- Youth will be responsible for gathering input/opinions from other youth in their community prior to each SIYAC meeting.
- Youth will be asked to form other subcommittees within SIYAC to discuss the issues that are presented.
- Youth can expect numerous opportunities to demonstrate and develop leadership, communication, and organizational skills. They will also have the opportunity to select which engagements they would like to attend to better develop these skills.
- Partnerships with legislators, nonprofits, state and local leaders are highly encouraged. SIYAC members will be expected to initiate and sustain these relationships. Networking is a key component of effective representation.
- SIYAC members will represent the youth for the entire state of Iowa.

State of Iowa Youth Advisory Council

YOUTH APPLICATION

Please fill out the following legibly.

Full Name: _____

Birthday (month/day/year): _____ Age: _____ Gender: _____

Home Address: _____

City/County: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number (if applicable): _____

Email: _____

School: _____

Grade Level (2009-10): _____

Congressional District: _____

(If unsure, visit www.legis.state.ia.us/Redist/countylist.pdf)

Length of time lived in Iowa: _____

How did you hear about SIYAC? : _____

State of Iowa Youth Advisory Council | Department of Human Rights | Lucas State Office Building | Des Moines, IA 50319

Please complete typed answers to the following on separate pages and attach to this application.

1. Have you been involved with SIYAC or SIYAC-sponsored activities in the past?
2. Please explain your involvement in a formalized youth organization within your community or school. What is the purpose of the group? If selected for SIYAC what would you do to formally connect state-wide issues to this group?
3. The State of Iowa Youth Advisory Council is a group of young people who will have a voice for all youth in the state. How are you a representative of youth in Iowa?
4. What sets you apart from other youth in Iowa? What sets you apart from other youth in your community? How have your differences helped you achieve your goals?
5. Describe one action that you believe the State of Iowa Youth Advisory Council could take to improve the lives of youth in Iowa.
6. Serving on SIYAC requires dedication and extra time commitment outside of classes and school sponsored activities. What other activities do you have planned for this school year? Will you be able to dedicate adequate time to your SIYAC responsibilities if you are selected as a member?
7. If selected as a member, are you willing to talk to a local coalition, legislators, and other groups about SIYAC and its initiatives?
8. Please provide one letter of recommendation from an adult or mentor in your community that addresses the applicant's strengths individually and working within a team. The letter should address how long the adult or mentor has known the applicant and in what capacities. Please clearly include the mentor's name and contact information. Examples of possible mentors include but are not limited to school personnel, 4-H leaders, community coalition members, legislator, minister, etc.

Please send application to SIYAC@iowa.gov or by fax at 515-242-6119 or the SIYAC coordinator, Annelise Plooster at:

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321 E. 12th Street
Des Moines, IA 50319**